

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PEPTIDASE-CLEAVABLE, TARGETED ANTINEOPLASTIC DRUGS
AND THEIR THERAPEUTIC USE**

the specification of which is attached hereto unless the following box is checked:

• was filed on _____ as U.S. Application No. _____ or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Application No.	Country	Filing Date	Priority Claimed (Yes/No)
-----------------	---------	-------------	---------------------------

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

U.S. Provisional Application No.	U.S. Filing Date
60/189,387	March 15, 2000

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application No.	U.S. Filing Date	Status (patented, pending or abandoned)
-----------------	------------------	---

POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name:	Blair Q. Ferguson Gerald J. Boudreaux Karen H. Kondrad Scott K. Larsen Norbert Reinert Mary K. VanAtten David J. Roper Peter L. Dolan (Agent) Jing S. Belfield (Agent) Kalim S. Fuzail Louis A. Piccone	Registration No.: 34,329 35,073 38,212 38,532 18,926 39,408 32,753 46,307 45,914 45,805 41,452
-------	---	--

Send correspondence and direct telephone calls to:

Scott K. Larsen

DuPont Pharmaceuticals Company
c/o E. I. du Pont de Nemours and Co.
Legal - Patents
1007 Market Street
Wilmington, DE 19898, U.S.A.

Tel. No.
(302) 992-2368

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

INVENTOR(S)

Full Name of Inventor	Last Name COPELAND	First Name ROBERT	Middle Name A
-----------------------	------------------------------	-----------------------------	-------------------------

Signature (please sign full name):		Date:	
Residence & Citizenship	City HOCKESSIN	State or Foreign Country DELAWARE	Country of Citizenship US

Post Office Address	Post Office Address 20 STATEN DRIVE	City HOCKESSIN	State or Country DE	Zip Code 19707
---------------------	---	--------------------------	-------------------------------	--------------------------

Full Name of Inventor	Last Name ALBRIGHT	First Name CHARLES	Middle Name F
-----------------------	------------------------------	------------------------------	-------------------------

Signature (please sign full name):		Date:	
Residence & Citizenship	City WEST CHESTER	State or Foreign Country PENNSYLVANIA	Country of Citizenship US

Post Office Address	Post Office Address 1004 GENERAL STEVENS DR	City WEST CHESTER	State or Country PA	Zip Code 19382
---------------------	---	-----------------------------	-------------------------------	--------------------------

DECLARATION AND POWER OF ATTORNEY - Page 2

Docket No.: PH-7134

Full Name Of Inventor	Last Name COMBS	First Name ANDREW	Middle Name P
Signature (please sign full name):			Date:
Residence & Citizenship	City KENNETH SQUARE	State or Foreign Country PENNSYLVANIA	Country of Citizenship US
Post Office Address	Post Office Address 329 E DOE RUN ROAD	City KENNETH SQUARE	State or Country PA
Zip Code 19348			
Full Name Of Inventor	Last Name DOWLING	First Name RANDINE	Middle Name L
Signature (please sign full name):			Date:
Residence & Citizenship	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship US
Post Office Address	Post Office Address 200 LORE AVENUE	City WILMINGTON	State or Country DE
Zip Code 19809			
Full Name Of Inventor	Last Name GRACIANI	First Name NILSA	Middle Name R
Signature (please sign full name):			Date:
Residence & Citizenship	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship US
Post Office Address	Post Office Address 2207 A PRIOR ROAD	City WILMINGTON	State or Country DE
Zip Code 19809			
Full Name Of Inventor	Last Name HAN	First Name WEI	Middle Name
Signature (please sign full name):			Date:
Residence & Citizenship	City NEWARK	State or Foreign Country DELAWARE	Country of Citizenship PEOPLES REP. OF CHINA
Post Office Address	Post Office Address 17 SPRINGBROOK LANE	City NEWARK	State or Country DE
Zip Code 19711			
Full Name Of Inventor	Last Name HIGLEY	First Name C	Middle Name ANNE
Signature (please sign full name):			Date:
Residence & Citizenship	City NEWARK	State or Foreign Country DELAWARE	Country of Citizenship US
Post Office Address	Post Office Address 17 BALLAD DRIVE	City NEWARK	State or Country DE
Zip Code 19702			
Full Name Of Inventor	Last Name HUANG	First Name PEARL	Middle Name S
Signature (please sign full name):			Date:
Residence & Citizenship	City LANSDALE	State or Foreign Country PENNSYLVANIA	Country of Citizenship US
Post Office Address	Post Office Address 700 TROXEL ROAD	City LANSDALE	State or Country PA
Zip Code 19446			
Full Name Of Inventor	Last Name YUE	First Name EDDY	Middle Name W
Signature (please sign full name):			Date:
Residence & Citizenship	City LANDENBERG	State or Foreign Country PA	Country of Citizenship US
Post Office Address	Post Office Address 9 ALTEMUS DRIVE	City LANDENBERG	State or Country PA
Zip Code 19350			
Full Name Of Inventor	Last Name DIMEO	First Name SUSAN	Middle Name V
Signature (please sign full name):			Date:
Residence & Citizenship	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship US
Post Office Address	Post Office Address 406 CLAYTON AVENUE	City WILMINGTON	State or Country DE
Zip Code 19809			